Federal Grant Applications

The following are Applications for Federal Assistance received by the State Clearinghouse **November 16-30.** The State Clearinghouse reviews federally funded grants mandated by Executive Order 12372. The State Clearinghouse **does not** have information on federally funded grants. Information can be obtained by calling the federal agency funding the grant or by looking in the Catalog of Federal Domestic Assistance.

APPLICATION FOR FEDERAL ASSISTANCE		2. DATE SUBMITTED		Applicant Ide	Version 7/03
		11/27/2006	CTATE	' '	
1. TYPE OF SUBMISSION: Application	Pre-application	3. DATE RECEIVED BY	SIAIE	State Applica	tion identifier
✓ Construction	Construction	4. DATE RECEIVED BY	FEDERAL AGEN	ICY Federal Ident	ifier
Non-Construction	Non-Construction				,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
5. APPLICANT INFORMATION Legal Name:			Organizational	Unit:	
Rural Communities Housing Dev	relopment Corporation		Department:		
Organizational DUNS: (*) 34			Division:		
Address:	19/10201	***************************************	Name and teler	shone number of pe	erson to be contacted on matters
Street:			involving this a	ipplication (give are	
499 Leslie Street,			Prefix: Mr.	First Name: Duane	
City: Ukiah,			Middle Name		
County:	The second secon		Last Name Hill		
Mendocino State:	Zip Code		Suffix:		
State: CA	95482				
Country: United States			Email: dhill@rchdc.org		
6. EMPLOYER IDENTIFICATION	N NUMBER (EIN):		Phone Number		Fax Number (give area code)
94-2319894			499 Leslie Stree	et,	707-463-2252
8. TYPE OF APPLICATION:	y-12227 ,		7. TYPE OF AP	PLICANT: (See bac	k of form for Application Types)
		on Revision	O: Not for profit	organization	
(See back of form for description			Other (specify)		
Other (specify)			9. NAME OF FE USDA Rural De	DERAL AGENCY:	
10. CATALOG OF FEDERAL D	OMESTIC ASSISTAN	CE NUMBER:			ICANT'S PROJECT:
		1 0 - 4 0 5			tal housing for farmworker families.
TITLE (Name of Program):			Under this prop	osal the applicant wil	ll finish a \$10.5 million dollar project.
Farm Labor Housing and Grants 12. AREAS AFFECTED BY PRO	DJECT (Cities Countie	s States etc.):	_		
Kelseyville, Lake County, Califor	•	o, etatos, eta.,.			
13. PROPOSED PROJECT			14. CONGRESS	SIONAL DISTRICTS	OF:
Start Date: 11/27/2006	Ending Date: 2/1/2007		a. Applicant First		b. Project First
15. ESTIMATED FUNDING:	2/1/2007		1	TION SUBJECT TO	REVIEW BY STATE EXECUTIVE
a. Federal \$		00	ORDER 12372 F		V/APPLICATION WAS MADE
USDA		400,000	_a. Yes. □ AVA	AILABLE TO THE ST	ATE EXECUTIVE ORDER 12372
b. Applicant \$.00	PRO	DCESS FOR REVIE	WON
c. State \$.00	DAT	E:	
d. Local \$	the state of the s	.00	b. No. 📝 PRO	OGRAM IS NOT CO	VERED BY E. O. 12372
e. Other \$		00	-	PROGRAM HAS NO	OT BEEN SELECTED BY STATE
		. 00	FOF	REVIEW	
f. Program Income \$		•	17. IS THE APP	LICANT DELINQUE	NT ON ANY FEDERAL DEBT?
g. TOTAL \$. 00	Yes If "Yes"	attach an explanatio	n. 🗸 No
18. TO THE BEST OF MY KNOW DOCUMENT HAS BEEN DULY A ATTACHED ASSURANCES IF T	AUTHORIZED BY THE	GOVERNING BODY OF			
a. Authorized Representative			la la	A:-L-11 - N.L	
Prefix Mr.	First Name Duane		IN.	liddle Name	
Last Name Hill			S	uffix	
b. Title	Secretary and the contract and the contr	CENTRAL CONTRACTOR AND ANALYSIS CONTRACTOR AND ANALYSIS CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR		. Telephone Number	(give area code)
Executive Director d. Signature of Authorized Repres	sentative	RECEIVED.		707-463-1975 x117 . Date Signed	
		a new by been IV been but		11/27/2006	01-1-15 101 5
Previous Edition Usable Authorized for Local Reproduction	١ ا	NOV 3 0 2006	Carolina resultante de la carolina resultante de la carolina resultante de la carolina del carolina de la carolina del carolina de la carolin		Standard Form 424 (Rev.9-2003 Prescribed by OMB Circular A-102
	STAT	TE CLEARING HOUSI	70.000 CO.000 CO		

Application for Fe	deral Assist	lance SF-424					Version 02
* 1. Type of Submission	n:	* 2. Type of Application:	* If Rovie	ion, select appro	priate letter(s):		
Preapplication		✓ New					
Application		Continuation	* Other (Sp acify)			
Changed/(;orrected	Application	Revision					
* 3. Date Received:		4. Applicant Identifier:				اس	
Completed by Grants.gov up	noissimduz nco						
5a. Federal Entity Ident	ilfier:		• (ib.	Federal Award I	dentifier:		
			<u></u>				
State Use Only:							
6. Date Received by Si	nate:	7. State Application	on Identifi	er:			
8. APPLICATIT INFOR	MATION:						
a. Legal Name: PAF	KS AND RECR	EATION, CA DEPT OF					
• b. Employer/Taxpaye	r Identification N	umber (EIN/TIN):	* 3. 0	or(anizational D	NUNS:		RECEIVED
68-0303606		· · · · · · · · · · · · · · · · · · ·	1: 20	70807			
d. Address:							- NOV 3 0 ZUUb
- Street1:	01 Casplan Way	1					STATE CLEARING HOUSE
Street2:							A STATE OF THE COMMUNICATION OF THE PROPERTY O
* City:	Imperial Beach						
County: ि	San Diego	-1//-					The second secon
State:				CA: Californ	la		
Province:	**						
• Country:			USA: UI	III ED STATES			
▼Zip / Posta Code: [91932						
e. Organizational Un	ilt:						
Department Name:			ľ. ivis	ion Name:			44.11 11 12
f. Name and contact	Information of	person to be contacted or	n matiers	hivelving this	application:		
Prefix: Mr.		* First Na	ame: Cl	ау			
Middle Namo:							
* Last Name: Phillip	8						
Suffix:							
Title: Reserve Manag	jer						
Organizational Affiliation	on:						
Telephone Number:	619-575-3615			Fax Num	ber: 619-575-	6913	
• Email: cphlllip@p	arks.ca.gov						

Application for Federal Assistance SF-424	ersion 02
9. Type of Applicant 1: Select Applicant Type:	•
A: State Government	
Type of Aprilicant 2: Select Applicant Type:	,
Type of Aprilicant 3: Select Applicant Type:	
* Other (specify):	
* 10. Name of Federal Agency:	
National Oceanic and Atmospheric Administration	
11. Catalog of Federal Domestic Assistance Number:	
11.420	
CFDA Title:	
Coastal Zone Management Estuarine Research Reserves	
* 12. Funding Opportunity Number:	
NOS-OCRN -2007-2000789	
* Title:	
National Estuarine Research Reserve Land Acquisition and Construction Program FY07	
13. Competition Identification Number:	
2050004	
Title:	
14. Areas Affacted by Project (Cities, Counties, States, etc.):	
Imperial Beach and San Diego, San Diego County, California	
* 16. Descriptive Title of Applicant's Project:	
TRNERR - Construction Signage Grant	
Attach supporting documents as specified in agency instructions.	
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Application for Federal Assistance SF-424	Version 02
16. Congresulonal Districts Of:	
* a. Applican: 53	b. Program/Project 53
Attach an adultional list of Program/Project Congressional Districts If need	led.
Add/Alachman Delete	Mac ment View Attachment
17. Proposed Project:	<u> </u>
* a. Start Dale: 03/01/2007	* b. End Date: 12/31/2007
18. Estimated Funding (\$):	
a. Federal 25,607.00	
* b. Applican: 0.00	
* c. State 11,000.00	
* d. Local 0.00	
* e. Other 0.00	
*f. Program Income 0.00	
* g. TOTAL 36,607,00	
b. Program is subject to E.O. 12372 but has not been selected by the Sc. Program is not covered by E.O. 12372. * 20. Is the Applicant Delinquent On Any Federal Debt? (If "Yes", program is not covered by E.O. 12372. * 20. Is the Applicant Delinquent On Any Federal Debt? (If "Yes", program is not covered by Explanation 21. "By signing this application, I certify (1) to the statements contain therein are true, complete and accurate to the best of my knowledge comply with any resulting terms if I accept an award. I am aware the	ovide explanation.) ned in the list of certifications** and (2) that the statements a. I a so provide the required assurances** and agree to at any false, fictitious, or fraudulent statements or claims
may subject me to criminal, civil, or administrative penalties. (U.S. 3	Code: Title 218, Section 1001)
✓ " I AGREE "The list of certifications and assurances, or an internet site where you a specific instructions.	nay (btain this list, is contained in the announcement or agency
Authorized Representative:	
Prefix: Mr. *First Name:	Clay
Middle Name	1
* Last Name: Phillips	
Suffix:	
Title: Reserve Manager	
* Telephone Number: 819-575-3615	Fax Number: 619-575-6913
* Email: cr hillip@parks.ca.gov	
Signature of Authorized Representative: Completed by Grants.gov upon submit	* Date Signed: Completed by Granta.gov upon submission.

APPLICATION FOR FEDERAL ASSIS MINCE	2. DATE SUBMITT	ED	App	licant Identifier	
SF 424 (R&R)	3. DATE RECEIVE	D BY STATE	Stat	State Application Identifier	
1. * TYPE OF SUBMISSION					
O Pre-application Application O Changed/Corrected Application	4. Federal Identifie	? F			
5. APPLICANT INFORMATION				* Organizat	ional DUNS:100328348
* Legal Name: Nu-Trek, Inc.				-	
Department:	Division:				
* Street1: 17150 Via del Campo Suite 202	Streel2:				
* City: San Diego	County: San Diego		* State	e: CA: California	
Province:	* Country: USA: UNI	ITED STATES	* ZIP :	Postal Code: 92127	
Person to be contacted on matters involving this a	pplication				
Prefix: * First Name:	Middle Na	ame:	* Last Name:		Suffix:
Ms. Miriam			Rauch		
* Phone Number: 858-487-0620	Fax Number: 858-48	37-2 172	Email:	miriam@nu-trek.com	
6. * EMPLOYER IDENTIFICATION NUMBER (EII 02-0632796	N) or (TIN):	7. * TYPE OF All R: Small Busi			
8. * TYPE OF APPLICATION: New		Other (Specify):			
O Resubmission O Renewal O Continuati	ion O Revision	● Women Own		ess Organization Type O Socially and Econd	omically Disadvantaged
If Revision, mark appropriate box(es).		9. ' NAME OF F	EDERAL AGENCY:		
O A. Increase Award O B. Decrease Award	O.C. Increase Duration	Chicago Serv	ice Genler		
O D. Decrease Duration O E. Other (specify):			OF FEDERAL DOME	STIC ASSISTANCE NUI	MBER:
* Is this application being submitted to other agenc What other Agencies?	ies? O Yes ● No	81.049 TITLE: Office of	Science Financial Ass	sistance Program	
11. * DESCRIPTIVE TITLE OF APPLICANT'S PR					
Time Resolved, Pixelated Neutron Detector, Topic					
12. * AREAS AFFECTED BY PROJECT (cities, co The United States of America	ounties, states, etc.)				
13. PROPOSED PROJECT:		14 CONGRESS	IONAL DISTRICTS O)F·	
* Start Date * Ending Date	9	a. * Applicant	IONAL DIDINIOIO	b. * Project	
06/01/2007 03/01/2008		CA-050		CA-050	
15. PROJECT DIRECTOR/PRINCIPAL INVESTIG	ATOR CONTACT INFO	RMATION	·	- ***	
Prefix: * First Name:	Middle Na		* Last Name:		Suffix:
Ms. Miriam	*		Rauch		
Position/Title: President & CEO	* Organization Name	: Nu-Trek, Inc.			
Department:	Division:				
* Street1: 17150 Via del Campo Suite 202	Street2:				
* City: San Diego	County: San Diego		* State	: CA: California	
Province:	* Country: USA: UNI	TED STATES	* ZIP /	Postal Code: 92127	

Fax Number: 858-487-2172

RECEIVED

* Email: miriam@nu-trek.com

NOV 2 8 2006

STATE CLEARING HOUSE

* Phone Number: 858-487-0620

8584872172

Michelle Degnan

SF 424 (R&R) APPLICATION FOR FEDERAL ASSISTANCE

Page 2

16. ESTIMATED PROJECT FUNDING		17. * IS AP CESS?		BJECT TO REVIEW BY STATE EXEC	CUTIVE ORDER 12372 PRO-
b. * Total Federal & Non-Federal Funds \$	699,955.00 699,955.00 60.00	a. YES DATE: b. NO	THIS PRE STATE EX 11/16/2006 PROGRAM	APPLICATION/APPLICATION WAS M (ECUTIVE ORDER 12372 PROCESS I M IS NOT COVERED BY E.O. 12372; O M HAS NOT BEEN SELECTED BY STA	FOR REVIEW ON: DR
18. By signing this application, I certify and accurate to the best of my know award. I am aware that any false, fict Code, Title 18, Section 1001) The list of cerufications and assurances, or an Intelligence.	vledge. I also provide titious, or fraudulent	the require statements	d assurances ⁴ or claims may	and agree to comply with any result subject me to criminal, civil, or admi	ting terms if I accept an
19. Authorized Representative			-		
Prefix: * First Name:	!	Middle Name	3 :	* Last Name:	Suffix:
Miriam				Rauch	
* Position/Title: President & CEO	* Organizar	tion Name: N	lu-Trek, Inc.		
Department:	Division:		•		
* Street1: 17150 Via del Campo Suite 202	Street2:				
* City: San Diego	County:			* State: CA: California	
Province:	* Country: !	JSA: UNITE	DISTATES	* ZIP / Postal Code: 921	127
* Phone Number: 858-487-0620	•	er: 858-487-2		* Email: miriam@nu-trel	· - ·
* Signature of Authoriz	ed Representative			* Date Signed	
Miriam Ra	auch			11/21/2006	
20 Pro application File blance Mr. T					
20. Pre-application File Name: Mime Ty	* ·				
21. Attach an additional list of Project Co	ongressional Districts	if needed.			
File Name: Mime Type:					-

APPLICATION FOR FEDERAL ASSISTANCE	2. DATE SUBMITTE	ED CE	Applica	Applicant Identifier		
SF 424 (R&R)	3. DATE RECEIVED	BY STATE	State Ap	optication Identifier		
1. * TYPE OF SUBMISSION						
 ○ Pre-application ○ Changed/Corrected Application 	4. Federal Identifier	4. Federal Identifier				
5. APPLICANT INFORMATION				* Organizational DUNS:100328348		
* Legal Name: Nu-Trek, Inc.						
Department;	Division:					
* Street1: 17150 Via del Campo Suite 202	Street2:					
* City: San Diego	County: San Diego		* State: C	A: California		
Province:	* Country: USA: UNI	TED STATES	* ZIP / Po	stal Code: 92127		
Person to be contacted on matters involving this app	lication			C. W		
Prefix: * First Name:	Middle Na	ime:	* Last Name:	Suffix:		
Ms. Miriam			Rauch	to an Once teals com		
* Phone Number: 858-487-0620	Fax Number: 858-48	7-2172	Email: Mil	riam@nu-trek.com		
6. * EMPLOYER IDENTIFICATION NUMBER (EIN) 02-0632796	or (TIN):	7.* TYPE OF API R: Small Busin				
8. * TYPE OF APPLICATION: • New		Other (Specify):				
O Resubmission O Renewal O Continuatio	n O Revision	● Women Owne		Organization Type D Socially and Economically Disadvantaged		
If Revision, mark appropriate box(es).			DERAL AGENCY:			
○ A. Increase Award ○ B. Decrease Award ○	C. Increase Duration	Chicago Servic		C ASSISTANCE NUMBER:		
O D. Decrease DurationO E. Other (specify):		81.049				
* Is this application being submitted to other agencies What other Agencies?	s? ○ Yes • No	TITLE: Office of S	science Financial Assist	ance Program		
11. DESCRIPTIVE TITLE OF APPLICANT'S PRO	JECT:					
Highly Arrayed Solld State Neutron Detector, Topic :						
12. * AREAS AFFECTED BY PROJECT (cities, course United States of America	ınties, states, etc.)					
13. PROPOSED PROJECT:			ONAL DISTRICTS OF:			
* Start Date * Ending Date		a. * Applicant		b. * Project CA-050		
06/01/2007 03/01/2008		CA-050		CA-030		
15. PROJECT DIRECTOR/PRINCIPAL INVESTIGA			t Land Manna	Suffix:		
Prefix: * First Name:	Middle Na	ame:	* Last Name:	Sullik.		
Ms. Miriam	* American de la Ni	as Niss Tank Jose	Rauch			
Position/Title: President & CEO	* Organization Name	e: Nu-Trek, Inc.				
Department:	Division:					
* Street1: 17150 Via del Campo Suite 202	Street2:		* State: C	CA: California		
* City: San Diego	County: San Diego	TED STATES		ostal Code: 92127		
Province:	 * Country: USA: UNI 	HEDSIAIES	ZIP / P(Jalai Couc. de lei		

* Country: USA: UNITED STATES

Fax Number: 858-487-2172



* Email: miriam@nu-trek.com

Province:

* Phone Number: 858-487-0620

Michelle Degnan

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p.4

SF 424 (R&R) APPLICATION FOR FEDERAL ASSISTANCE

Nov 28 06 10:13a

Page 2

16. ESTIMATED PROJECT FUNDING	17. * [S APPLICATION SUB	JECT TO REVIEW BY STATE EXEC	UTIVE ORDER 12372 PRO-
	CE	SS?		
a. * Total Estimated Project Funding SS	99,979.00 a. YE	S THIS PREAF	PPLICATION/APPLICATION WAS M. CUTIVE ORDER 12372 PROCESS F	ADE AVAILABLE TO THE
, ,	99,979.00 DA	•	CUTIVE ORDER 12372 FROCESOT	OK REVIEW ON.
	0.00 b. NO	, , , , , , , _ , _ , _ ,	IS NOT COVERED BY E.O. 12372; (OR .
a samulation and a samu	5. 110	9		
		OPROGRAM	HAS NOT BEEN SELECTED BY STA	ATE FOR REVIEW
18. By signing this application, I certify (and accurate to the best of my knowl award. I am aware that any false, ficti Code, Title 18, Section 1001)	ledge. I also provide the rec itious, or fraudulent statem	puired assurances * a ents or claims may si	nd agree to comply with any result ubject me to criminal, civil, or admi	ing terms if I accept an
19. Authorized Representative				
Prefix: * First Name:	Middle	Name:	* Last Name:	Suffix:
Ms. Miriam			Rauch	
* Position/Title: President & CEO	* Organization Na	me: Nu-Trek, Inc.		
Department:	Division:			
* Street1: 17150 Via del Campo Suite 202	Street2:			
* City: San Diego	County: San Diego		* State: CA: California	
Province:	* Country: USA: U	NITED STATES	* ZIP / Postal Code: 92	127
^a Phone Number: 858-487-0620	Fax Number: 858-	487-2172	* Email: miriam@nu-tre	k.com
* Signature of Authorize	ed Representative		* Date Signed	
Miriam Ra	auch		11/21/2006	
20. Pre-application File Name: Mime Ty	/) ·			
21. Attach an additional list of Project Co	ongressional Districts if nee	ded.		
File Name: Mime Type:				

NOV 22 2006 1:48 PM FR UC	LA RESEAR	RCH ADMIN1079	940631 TO 819163233018 P.03
	2. DATE SUBM	ITTED	Applicant Identifier
APPLICATION FOR FEDERAL ASSISTANCE			
SF 424 (R&R)	3. DATE RECEI	VED BY STATE	State Application Identifier
1. * TYPE OF SUBMISSION	4. Federal Ider	ntlfler	
Pre-application Application		40662-Supplemental	
Changed/Corrected Application			DUNE: 002530369
5. APPLICANT INFORMATION	. N	• Organizati	onal DUNS: 092530369
* Legal Name: The Regents of the University of Califor		10 - 10 - 10 - 10 - 10 - 10 - 10 - 10 -	
Department: Office of Contract & Grant Adm	Division: UC	CLA	RECEIVED
Street1: 10920 Wilshire Blvd., Suite 1200	Street2:		
City: Los Angeles Co	unty: Los Angele		• State: CA: Califori NOV 2 2 2006
Province:	Country: JNITE	D ST ZIP / Postal Cod	e: 90024-1406
Person to be contacted on matters involving this applic	ation		STATE CLEARING HOUSE
Person to be contacted on matters involving this applic Prefix: * First Name:	Middle Name:		· Last Name:
Ms. Karen			Marchant
Phone Number: 310-794-0167	ax Number: 310	794-0631	Email: kmarchant@resadmin.ucla.edu
6. EMPLOYER IDENTIFICATION (EIN) or (TIN):		7. TYPE OF APPLIC	
1956006143A1	l l	H: Public	State Controlled Institution of Higher Education
		Other (Specify):	
8. * TYPE OF APPLICATION: V New Resubmission Renewal Continuation	Revision	Women Owned	Small Business Organization Type Socially and Economically Disadvantaged
If Revision, mark appropriate box(es).		9. * NAME OF FEDERA	AL AGENCY:
	ncrease Duration	Chicago Service Cente	
D. Decrease Duration [] E. Other (specify)		10. CATALOG OF FEE	DERAL DOMESTIC ASSISTANCE NUMBER:
* Is this application being submitted to other agencies?	Yes No	81.049	
What other Agencies?		TITLE: Office of Scie	nce Financial Assistance Program
11. DESCRIPTIVE TITLE OF APPLICANT'S PROJ	FCT·	Val	
LHC Precision Calculations Initiative			
	tine state etc.		
12. * AREAS AFFECTED BY PROJECT (cities, coun Los Angeles, CA	1163, BIBIBB, BIG./		
	· · · · · · · · · · · · · · · · · · ·	14. CONGRESSIONA	DISTRICTS OF:
13. PROPOSED PROJECT: "Start Date "Ending Date		a. * Applicant	b. * Project
01/15/2007 01/14/2008		CA-030	CA-030
15. PROJECT DIRECTOR/PRINCIPAL INVESTIGAT		FORMATION	*Last Name: Suffix:
Prefix: * First Name: Prof. Zvi	Middle Name:	No.	* Last Name: Suffix:
Position/Title; Professor of Physics	* Organizati	on Name: The Regents	of the University of California
		UCLA	
Department: Physics and Astronomy	Division:	JOLA	1750
* Street1: 475 Portola Plaza	Street2:		* State: CA: Californ
(m)	county: Los Angel		
Province:	J - L	TED \$1 *ZIP / Posta	,,
* Phone Number: 310-825-8528	Fax Number: 310	0-206-5666	* Email: bern@physics.ucla.edu

OMB Number: 4040-0001

Expiration Date: 04/30/2008

1:48 PM FR UCLA RESEARCH ADMIN107940631 TO 819163233018 P.03 NON 55 5000 Page 2 SF 424 (R&R) APPLICATION FOR FEDERAL ASSISTANCE 17. * IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE 16. ESTIMATED PROJECT FUNDING ORDER 12372 PROCESS? a. YES [7] THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 175,000.00 a. * Total Estimated Project Funding PROCESS FOR REVIEW ON: 175,000.00 b. • Total Federal & Non-Federal Funds DATE: 11/22/2008 0.00 c. * Estimated Program Income [] PROGRAM IS NOT COVERED BY E.O. 12372; OR b. NO PROGRAM HAS NOT BEEN SELECTED BY STATE FOR 18. By signing this application, I certify (1) to the statements contained in the list of certifications* and (2) that the statements herein are true, complete and accurate to the best of my knowledge. I also provide the required assurances * and agree to comply with any resulting terms if I accept an award. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties. (U.S. Code, Title 18, Section 1001) √ \ 1 agree The list of certifications and assurances, or an internet site where you may obtain this list, is contained in the announcement or agency specific instructions. 19. Authorized Representative Suffix: " Last Name: Middle Name: * First Name: Prefly: Marchant Karen The Regents of the University of California Grant Analyst * Organization: * Position/Title: Division: UCLA Office of Contract & Grant Adm Department: Street2: 10920 Wilshire Blvd., Suite 1200 * Street1: CA: Californ County: Los Angeles · City: Los Angeles 90024-1406 * ZIP / Postal Code: JNITED ST * Country: Province: kmarchant@resadmin.ucla.edu Phone Number: 310-794-0167 310-794-0631 Fax Number: Date Signed * Signature of Authorized Representative Completed on submission to Grants.gov Completed on submission to Grants.gov Add Attachment 20. Pre-application 21. Attach an additional list of Project Congressional Districts if needed. Add Attachment OMB Number: 4040-0001 Expiration Date: 04/30/2008

Michelle Degnan

APPLICATION FOR FEDERAL ASSISTANCE	2. DATE SUB!	MITTED	Applicant Identifier
SF 424 (R&R)	3 DATE RECI	EIVED BY STATE	State Application Identifier
31 424 (Ndix)	J. SAIL KLOI	THE BUILDING	
1. * TYPE OF SUBMISSION	4. Federal ide	entifier	
Pre-application			
5. APPLICANT INFORMATION		* Organizational D	UNS: 100328348
* Legal Name: Nu-Trek, Inc.			DECENTED
Department:	Division:		RECEIVED
* Street1: 17150 Via del Campo Suite 202	Street2:		NOV 2 0 2006
* City: San Diego Co	unty:		* State: CA: Califori
Province:	* Country: JNIT	ED ST * ZIP / Postal Code: 921	STATE CLEARING HOUSE
Person to be contacted on matters involving this applica	ation		
Prefix: * First Name:	Middle Name:		Name: Suffix:
Miriam		Rauci	h
* Phone Number: 858-487-0620 F	ax Number: 858	9-487-2172 E	mail: miriam@nu-trek.com
6. * EMPLOYER IDENTIFICATION (EIN) or (TIN):		7. * TYPE OF APPLICANT:	
02-0632796			R: Small Business
8. * TYPE OF APPLICATION: V New		Other (Specify);	
Resubmission Renewal Continuation	Revision	Women Owned	Business Organization Type Socially and Economically Disadvantaged
If Revision, mark appropriate box(es).		9. * NAME OF FEDERAL AGE	NCY:
A. Increase Award A. B. Decrease Award C. In	crease Duration	Chicago Service Center	
D. Decrease Duration E. Other (specify).		10. CATALOG OF FEDERAL	DOMESTIC ASSISTANCE NUMBER:
* Is this application being submitted to other agencies?	Yes No	81.049	
What other Agencies?		TITLE: Office of Science Fina	ancial Assistance Program
11. * DESCRIPTIVE TITLE OF APPLICANT'S PROJE	CT:		
Ultra Fast X-Ray Detector, Topic 14-d			
12. * AREAS AFFECTED BY PROJECT (cities, counti	ies, states, etc.)		
The United States of America			
13. PROPOSED PROJECT:		14. CONGRESSIONAL DISTR	ICTS OF:
* Start Date * Ending Date		a. * Applicant	b. * Project
06/01/2007 ! 03/01/2008		CA-050	CA-050
15. PROJECT DIRECTOR/PRINCIPAL INVESTIGATO			0.15
Prefix: * First Name:	Middle Name:	* Last	Name: Suffix:
Dr. John Position/Title: Chief Scientist	* Oceanizati	on Name: Nu-Trek, Inc.	··
	Division:	Siritaniis. 144-1168; mc.	
Department: 17150 Vio del Compo Suito 202		:	
Street1: 17150 Via del Campo Suite 202	Street2:		* Slate: CA: Califon
	ounty:	7.00	
Province:			92127
* Phone Number: 858-487-0639 F	ax Number: 858	-48/-2172	Email: john@nu-trek.com

p.3

SF 424 (R&R) APPLI	CATION FOR FEDERAL AS	SSISTANCE Page 2
16. ESTIMATED PROJECT FUNDING		17. * IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?
a. * Total Estimated Project Funding	99,931.00	a. YES THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372
b. * Total Federal & Non-Federal Funds	99,931.00	PROCESS FOR REVIEW ON:
c. " Estimaled Program Income	0.00	DATE: 11/16/2006
		b. NO PROGRAM IS NOT COVERED BY E.O. 12372; OR
		PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW
true, complete and accurate to t resulting terms if I accept an aw criminal, civil, or administrative ightharpoonup * I agree	he best of my knowledge. I als ard. I am aware that any false penalties. (U.S. Code, Title 18,	tained in the list of certifications* and (2) that the statements herein are also provide the required assurances * and agree to comply with any e, fictitious, or fraudulent statements or claims may subject me to by Section 1001) Section 1001) Section this list, is contained in the announcement or agency specific instructions.
19. Authorized Representative		* Last Name : Suffix:
Prefix: * First Name:	Middle Name:	* Last Name: Suffix:
* Position/Title: President & CEO	Crganiza	
Department:	Division:	Audit.
* Street1: 17150 Via del Campo		
* City: San Diego	County:	* State: CA: Californ
Province:		ITED S1 * ZIP / Postal Code: 92127
* Phone Number: 858-487-0620	Fax Number: 858	8-487-2172 * Email: mirlam@nu-trek.com
* Signature of Autho	rized Representative	* Date Signed
Completed on submi		Completed on submission to Grants.gov
20. Pre-application		Avuille Delete Allach pain. View Atlachment
21. Attach an additional list of Proj	ect Congressional Districts if	ne eded.
	Aco Attachment	als Anachrent Vieu Attachment

OMB Number: 4040-0001

Expiration Date: 04/30/2008

ADDI ICATIO	N FOR FEDERAL ASSISTANCE	2. DATE SUB	MITTED	- 1. A	icant identifier	
SF 424						
SF 424	(NON)	3. DATE REC	EIVED BY STATE	STATE	Application Identifier	
1. TYPE OF S		4. Federal id	entifler	n Guardi di		
Pre-applical	tion 📝 Application nged/Corrected Application					
5. APPLICANT	INFORMATION		" Organizatio	nat DUNS:	786567383	
* Legal Name:	Innovative Energy Concepts				MECENE	
Department:	and desired free land	Division:		***************************************	Nov	
* Street1:	2200 Hele Drive	Street2:			786587383 RECEIVE NOV 2 1 2006	
* City: Burlings	ame (County: San Matec	D	* State	CA: Califon STATE CLEAR	
Province:	The second of the second of	Country: JNIT	ED ST ZIP / Postal Code	94010	CA: Califon STATE CLEARING HOUSE	
Person to be co	ntacted on matters involving this app	lication				
Prefix: *F	irst Name:	Middle Name:	,	* Last Name:	Suffix	
Dr. De	vid	Rushton		Farley		
* Phone Numbe	er: 650-787-2518	Fax Number: 65	0-885-5640	Email:	dfarley@ienergyconcepts.com	
6. * EMPLOYER	RIDENTIFICATION (EIN) or (TIN):		7. TYPE OF APPLICAN	ır:		
205644497				R: Sr	nali Business	
8. TYPE OF A	APPLICATION: V New	<u></u>	Other (Spedfy):			
Resubmissio	n Renewal Continuation	Revision	☐ Women Owned	enizu a fisme]	sa Organization Type Socially and Economically Disadvantaged	
W Revision, mark	k appropriate box(es).		9. * NAME OF FEDERAL	AGENÇY:		
					/	
A. Increase A	werd B. Decrease Award E. C.	□ D. Decrease Ourstion □ E. Other (specify)				
	tuned tuned	Increase Duration		RAL DOMES	TIC ASSISTANCE NUMBER:	
□ D. Deсгеаве (tuned tuned			RAL DOMES	TIC ASSISTANCE NUMBER:	
□ D. Deсгеаве (Duration E. Other (specify).		10. CATALOG OF FEDE		TIC ASSISTANCE NUMBER:	
D. Decrease (Le this applicate What other Agen	Duration E. Other (specify).	e? Yes∏ No☑	10. CATALOG OF FEDE			
D. Dacrease (Is this applicat What other Ages	Duration E. Other (specify). ilian being submitted to other agancies ncies?	e? Yes No 🗹	10. GATALOG OF FEDER 81.049 TITLE: Office of Science	Financial A	ssistance Program	
D. Dacrease (Is this applicate What other Agen 11. DESCRIPT Topic 64C - Prop	Duration E. Other (specify). Iden being submitted to other agencies ICLE TITLE OF APPLICANT'S PROJ Posal to design and build an innovativ	e? Yes No V ECT: e new laser resonat	10. GATALOG OF FEDER 81.049 TITLE: Office of Science	Financial A	ssistance Program	
D. Dacrease (Is this applicate What other Agen 11.* DESCRIPT Topic 64C - Prop	Duration E. Other (specify). Ition being submitted to other agencies ICINE TITLE OF APPLICANT'S PROJ	e? Yes No V ECT: e new laser resonat	10. GATALOG OF FEDER 81.049 TITLE: Office of Science	Financial A	ssistance Program	
D. Dacrease (Is this applicate What other Ages 11. * DESCRIPT Topic 64C - Prop 12. * AREAS AF	Duration E. Other (specify). Iden being submitted to other agencies noise? FIVE TITLE OF APPLICANT'S PROJECT (cities, coun	e? Yes No V ECT: e new laser resonat	10. CATALOG OF FEDER 81.049 TITLE: Office of Science or to produce states of high	e Financial A	ssistance Program	
D. Dacrease (" Is this applicat What other Ages 11. * DESCRIPT Topic 64C - Prop 12. * AREAS AF California 13. PROPOSED " Start Date	Duration E. Other (specify). Iden being submitted to other agencies noise? FIVE TITLE OF APPLICANT'S PROJECT (cities, coun	e? Yes No V ECT: e new laser resonat	10. GATALOG OF FEDER 81.049 TITLE: Office of Science	e Financial A	ssistance Program	
D. Dacrease (" Is this applicat What other Ages 11. * DESCRIPT Topic 64C - Prop 12. * AREAS AF California 13. PROPOSED	Duration E. Other (specify). Identified being submitted to other agencies notes? FIVE TITLE OF APPLICANT'S PROJECTED BY PROJECT (cities, countries).	e? Yes No V ECT: e new laser resonat	10. CATALOG OF FEDER 81.049 TITLE: Office of Science or to produce states of high	e Financial A	ssistance Program	
D. Dacrease (Is this applicate What other Agen 11. DESCRIPT Topic 64C - Prop 12. AREAS AF California 13. PROPOSED Start Date 06/21/2007	Duration E. Other (specify). Identified being submitted to other agencies notes? INE TITLE OF APPLICANT'S PROJPOSEL to design and build an innovative of the project (cities, country of the project). PROJECT: * Ending Date	ECT: e new laser reconst	10. CATALOG OF FEDER 81.049 TITLE: Office of Science or to produce states of high 14. CONGRESSIONAL DI a. *Applicant CA-012	e Financial A	ssistance Program V b. * Project	
In D. Dacrease (Is this applicate What other Agen 11. * DESCRIPT Topic 64C - Prop 12. * AREAS AF California 13. PROPOSED * Start Date 06/21/2007 15. PROJECT D Prefix * Fi	Duration E. Other (specify). Ition being submitted to other agencies notes? INE TITLE OF APPLICANT'S PROJPOSEL to design and build an innovative of the project (cities, country of the project). PROJECT: * Ending Date 03/21/2008 03/21/2008	ECT: e new laser reconstities, states, etc.) OR CONTACT INF	10. CATALOG OF FEDER 81.049 TITLE: Office of Science or to produce states of high 14. CONGRESSIONAL DI a. * Applicant CA-012 ORMATION	e Financial A	ssistance Program V b. * Project	
D. Decrease (Is this applicate What other Agent 11. DESCRIPT Topic 64C - Prop 12. AREAS AF California 13. PROPOSED Start Date 06/21/2007 15. PROJECT D Prefix Fi Dr. Day	Duration E. Other (specify). Itian being submitted to other agencies notes? INE TITLE OF APPLICANT'S PROJECTIVE TITLE OF APPLICANT'S PROJECT (cities, country). PROJECT: * Ending Date 03/21/2008 ORECTOR/PRINCIPAL INVESTIGATION Name:	ECT: a new laser resonate sties, states, etc.) OR CONTACT INF Middle Name: Rushton	10. GATALOG OF FEDER 81.049 TITLE: Office of Science or to produce states of high 14. CONGRESSIONAL DI a. *Applicant CA-012 ORMATION	energy densir	b. * Project GA-all	
Is this applicate What other Ages 11. * DESCRIPT Topic 64C - Proj. 12. * AREAS AF California 13. PROPOSED * Start Date 06/21/2007 15. PROJECT D Prefix * Fi Dr. Dav Position/Title:	Duration E. Other (specify). Ition being submitted to other agencies notes? INE TITLE OF APPLICANT'S PROJPOSEL to design and build an innovative of the project (cities, country of the project). PROJECT: * Ending Date 03/21/2008 03/21/2008 03/21/2008	ECT: e new laser reconstities, states, etc.) OR CONTACT INF	10. GATALOG OF FEDER 81.049 TITLE: Office of Science or to produce states of high 14. CONGRESSIONAL DI a. *Applicant CA-012 ORMATION	energy denaid	b. * Project GA-all	
D. Decrease (Is this applicat What other Agen 11. DESCRIPT Topic 64C - Prop 12. AREAS AF California 13. PROPOSED Start Date 06/21/2007 15. PROJECT D Prefix Fi Dr. Daw Position/Title:	Duration E. Other (specify). Itian being submitted to other agencies notes? INE TITLE OF APPLICANT'S PROJECTIVE TITLE OF APPLICANT'S PROJECT (cities, country). PROJECT: * Ending Date 03/21/2008 ORECTOR/PRINCIPAL INVESTIGATION NAME: Order Order Order	ECT: a new laser resonate sties, states, etc.) OR CONTACT INF Middle Name: Rushton	10. GATALOG OF FEDER 81.049 TITLE: Office of Science or to produce states of high 14. CONGRESSIONAL DI a. *Applicant CA-012 ORMATION	energy denaid	b. * Project GA-all	
D. Decrease (Is this applicat What other Agen 11. DESCRIPT Topic 64C - Prop 12. AREAS AF California 13. PROPOSED Start Date 06/21/2007 15. PROJECT D Prefix Fi Dr. Daw Position/Title:	Duration E. Other (specify). Itian being submitted to other agencies notes? INE TITLE OF APPLICANT'S PROJECTIVE TITLE OF APPLICANT'S PROJECT (cities, country). PROJECT: * Ending Date 03/21/2008 ORECTOR/PRINCIPAL INVESTIGATION Name:	ECT: e new laser resonat ties, states, etc.) OR CONTACT INF Middle Name: Rushton * Organization	10. GATALOG OF FEDER 81.049 TITLE: Office of Science or to produce states of high 14. CONGRESSIONAL DI a. *Applicant CA-012 ORMATION	energy denaid	b. * Project GA-all	
D. Decrease (Is this applicat What other Agen 11. DESCRIPT Topic 64C - Prop 12. AREAS AF California 13. PROPOSED Start Date 06/21/2007 15. PROJECT D Prefix Fi Dr. Daw Position/Title:	Duration E. Other (specify). Ition being submitted to other agencies notes? INE TITLE OF APPLICANT'S PROJ posel to design and build an innovative of the project (cities, country). PROJECT: "Ending Date 03/21/2008 DIRECTOR/PRINCIPAL INVESTIGAT ret Name: Aid President	ECT: e new laser reconst ties, states, etc.) OR CONTACT INF Middle Name: Rushton * Organization Division:	10. CATALOG OF FEDER 81.049 TITLE: Office of Science or to produce states of high 14. CONGRESSIONAL D a. *Applicant CA-012 ORMATION Fon Name: Innovative Energical	energy densir	b. * Project GA-all	
Is this applicate What other Ages 11. * DESCRIPT Topic 64C - Proj. 12. * AREAS AF California 13. PROPOSED * Start Date 06/21/2007 15. PROJECT D Prefix Find Date Department: Street1:	Duration E. Other (specify). Ition being submitted to other agencies notes? INE TITLE OF APPLICANT'S PROJ posel to design and build an innovative of the project (cities, country). PROJECT: "Ending Date 03/21/2008 DIRECTOR/PRINCIPAL INVESTIGAT ret Name: Aid President	ECT: e new laser reconst ties, states, etc.) OR CONTACT INF Middle Name: Rushton Organization: Street2: county: Sen Mateo	10. CATALOG OF FEDER 81.049 TITLE: Office of Science or to produce states of high 14. CONGRESSIONAL D a. *Applicant CA-012 ORMATION Fon Name: Innovative Energical	energy denair ISTRICTS OF Last Name: ariey y Concepts * State:	b. * Project CA-all Suffix	

OMB Number: 4040-0001

Expiration Date: 04/30/2006

16. ESTIMATED PROJECT FUNDING			SSISTANCE Page 17. * IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?				
. * Total Estimated Project Funding	Stimated Project Funding 100,000.00		2. YES THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12972				
o. * Total Federal & Non-Federal Funds	100,000.00		PROCESS	FOR REVIEW ON:	HVE ORUER 12372		
:. * Estimated Program Income	100,000.00	···	DATE: 11/21/2006				
	,	b.	NO PROGRAM	IS NOT COVERED BY	E.O. 12372; OR		
			PROGRAM	I HAS NOT BEEN SELEC	TED BY STATE FOR		
The list of certifications and assurances. 19. Authorized Representative	, or an internet site wher	vou may obtain si	is its, is contained in the	ennouncement or eneancy spe	±ìlĩ¢ instructions.		
Profix First Name: Dr. David		Idle Name:		* Last Name:	Suffix		
Position/Title: President		shton Organization:		Farley			
Opartment:		Division:	Innovative Energy C	oncepts			
Street1: 2200 Hale Drive		Street2:					
			. ,, ,, ,, ,, ,, ,, ,, ,, ,, ,, ,, ,, ,,				
City: Burlingame	County	San Mateo					
		San Mateo	ST * ZIP / Postal (State: CA: Cali			
Province:	County:	intry: UNITED S		Code: 94010	·		
Pravince:	* Cou	mber. 650-685	\$640	Code: 94010	nergyconcepts.com		
Phone Number: 650-787-2518 * Signature of Authori	* Cou	mber. 650-685	\$640 M Co	* Email: dtarley@ien * Date Signed ompleted on submission to	nergyconcepts.com		

APPLICATION FOR						Version 7/0	
FEDERAL ASSISTANCE		2. DATE SUBMITTED	Applicant identifier				
		3. DATE RECEIVED BY	11/22/06		State Application Identifier		
1. TYPE OF SUBMISSION: Application	Pre-application	3. DATE RECEIVED BY		state Application Identifier			
' '	I <u> </u>	4. DATE RECEIVED BY	FEDERAL A	GENCY	ederal Identi	lfler	
Construction	Construction						
Non-Construction 5. APPLICANT INFORMATION	Non-Construction						
Legal Name:			Organizatio	onal Unit:	***************************************		
COUNTY OF SAN DIEGO			Department:	2	1011011051	10	
		<u></u>	District	Pl	JBLIC WORK	(8	
Organizational DUNS: 00-958164	16		Division:	AIRPORTS			
Address:			Name and t	telephone r	umber of pe	erson to be contacted on matters	
Street:	RECE	INED			ion (give are	ea code)	
1960 JOE CROSSON DR.	HLU-		Prefix:	F	First Name:	ETER	
Citv:	1	1 2006	Middle Nam	ie		- That C	
EL CAJON	MON						
County: SAN DIEGO	Zip CodeSTATE CLE	- HOUSE	Last Name	DRINKWATE	≘R		
State:	ZID CODECTATE CLE	ARINGTI	Suffix:				
CA	92020	and the state of t	<u> </u>				
Country: USA	Part of Control of the Part of		Email:	Paler Drinky	ater@sdcour	11/ C2 G0V	
6. EMPLOYER IDENTIFICATION	N NUMBER (EIN):		Phone Numb			Fax Number (give area code)	
l		•		956-4839	4040/	,	
95-6000934			1 '			(619) 956-4801	
8. TYPE OF APPLICATION:	= .		7. TYPE OF	APPLICAN	IT: (See bacl	k of form for Application Types)	
☐ New If Revision, enter appropriate lette	Continuation	n 🔲 Revision	В				
(See back of form for description	er(8) in box(es) of letters.)		Other (specify)				
*			Office (Special)	777		,	
Other (specify)		_	9. NAME OF				
40 0474100 05 55050 41 5			I .		DMINISTRAT		
10. CATALOG OF FEDERAL D	OMESTIC ASSISTANC	E NUMBER:	1			CANT'S PROJECT:	
		20-106	McCLELLAN-PALOMAR AIRPORT - PALOMAR AIRPORT TERMINAL REDEVELOPMENT PROJECTS				
TITLE (Name of Program): AIRPO			IERMINAL	REDEVELO	PMENT PRO	DJECT\$	
12. AREAS AFFECTED BY PRO	JECT (CHIOA COUNTINA	ROGRAM (AIP)	_				
	Julian (Onles, Counties,	, States, etc.j.					
CARLSBAD, CA						•	
13. PROPOSED PROJECT Start Date:	Endler Dele			ESSIONAL	DISTRICTS (
TBD	Ending Date: TBD		a. Applicant 52			b. Project 51	
15. ESTIMATED FUNDING:				CATIONS	IR IECT TO	REVIEW BY STATE EXECUTIVE	
			MRNED 1937	72 ロロヘヘビモ	63		
a. Federal \$		10,317,947	a. Yes. 🔽 T	THIS PREA	PLICATION	APPLICATION WAS MADE	
b. Applicant \$	***	10,017,047 ud	,	1471070EE	TO THE STA FOR REVIEW	VIE EVECOTIVE OKDER 123/2	
		464,103		-KOCESS F	OK KEVIEW	7 ON	
c. State \$,00		DATE: 12/0:	5/05	•	
d. Local 5		UD		DOCE AND	S NOT COV		
		•	b. No. III	ROGRAMI	S NOT COVE	ERED BY E. O. 12372	
e. Other \$		7,500,000	l ⊓ c	OR PROGRA	TON SAH MA	GEEN SELECTED BY STATE	
f. Program Income \$		7,500,000	F	OR REVIE	N		
		0.	17. IS THE A	PPLICANI	DELINQUEN	IT ON ANY FEDERAL DEBT?	
g. TOTAL S		49 393 660 '	T Vac 16 "Va	nah adda ala	explanation.	(CZ)	
18. TO THE BEST OF MY KNOW	T FOGE AND BELIEF	18,282,050 ·	(maries II re	s allach an	explanation.	Ø No	
			LICATION/PRI HE APPLICAT	EAPPLICA NT AND TH	TION ARE TE	RUE AND CORRECT. THE	
	E ASSISTANCE IS AW	/ARDED.		IN POND III	L APPLICAN	AND COMPLY WITH THE	
a. Authorized Representative Prefix	irst Name			12 - 2			
	PETER			Middle Na	me		
Last Name DRINKWATER			********	Suffix	-		
Title							
DIRECTOR OF COUNTY AIRPORTS				c. Telepho	ne Number (g	give area code)	
Signature of Authorized Repres	ritarive	0 -	•	(619) 956 c. Date Sid			
Previous Edition Usable	consura	ier			11/22/06		

APPLICATION FOR		2. DATE SUBMIT	TED		Applicant Identifier			
FEDERAL ASSISTANC	;E	10/31/06			NA			
1.TYPE OF SUBMISSION:	1	3. DATE RECEIV	ED BY STATE		State Application Identifier			
	plication				NA			
	Instruction			RAL AGENCY	Federal Identifier 04-049-99	F2453025		
Non-Construction No. 15. APPLICANT INFORMATION	on-Construction	10/31	/06					
Legal Name: Mountain Volume		Denartmen		Organization	nal Unit:			
Address (give city, county, state, and		Departmen	11	Name and te	elephone number of person t	o be contacted on matters involving		
5198 Sharp Road Calistoga, CA 94515					tion (give area code)	707/040 0004		
		·			Rossi, Fire Chief			
6. EMPLOYER IDENTIFICATION (E) 9 4 - 2 4	5 3 0	2 5		7. TYPE OF A. State		ent School Dist.		
8. TYPE OF APPLICATION:				B. Count C. Munici	pal J. Private U			
✓ New	Conti	nuation Re	evision	D. Towns E. Interst				
_				F. Intermu G. Specia	unicipal M. Profit Or I District N. Other (Sp	ganization ecify) <u>Non-Profit</u>		
If Revision, enter appropriate letter(s) in							
7.0.1110.10000 7.1110.10	ecrease Award r (specify):	c. Increase Dura	ition					
				9. NAME OF	FEDERAL AGENCY:			
			·		SDA Rural Devel	opment		
10. CATALOG OF FEDERAL DOME	STIC ASSISTANCE	NUMBER:		11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:				
				D. I. CE've Evelor and Deleted				
TITLE:	1 C) - 7	6 6	Purchase of Fire Engine and Related Equipment.				
12. AREAS AFFECTED BY PROJEC	CT (Cities, Counties,	States, etc.)		•		·		
				. 4				
Sonoma County								
13. PROPOSED PROJECT Start Date Ending Date	a. Applicant	SSIONAL DIS	STRICTS C) -: b. Pro	niect			
10/6/06 2/7/06	one (1)				one (1)	English		
	STIMATED FUI	NDING			APPLICATION SUBJECT TO	D REVIEW BY STATE EXECUTIVE		
a. Federal	Ś		30,000	001	ORDER 12372 PROCESS?			
			28,569			FION/APPLICATION WAS MADE STATE EXECUTIVE ORDER OR REVIEW ON		
b. Applicant	FIVED		20,508	9.00	120121110020011			
c. State	2006			l	DATE			
I NOV	1 2 0 2000				DATE			
d Local	\$ 	ISE		t	D. NO PROGRAM IS N	NOT COVERED BY E.O. 12372		
e. Other STATE (SLEARING HO		220,500	0.00	OR PROGRAM STATE FOR RE	HAS NOT BEEN SELECTED BY VIEW		
f. Program Income	\$			17. IS	THE APPLICANT DELINQUI	ENT ON ANY FEDERAL DEBT?		
g. Total \$ 279,069.00				9.00	.00 YES (Attach explanation) NO			
18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT, THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.								
a.Type Name of Authorized Represe	entative		b. Title			c. Telephone Number		
Mike E. Rossi	1 . 10			Chief, I	Mountain VFD	(707) 942-2222		
d Signature of Authorized Represent	tative	R	·			e. Date Signed		
1/4	\		200			10/10/06		

ersi		

APPLICATION FOR	<i></i>				Version 7/03		
FEDERAL ASSISTANCE	!	2. DATE SUBMITTED 11-10-2006		Applicant Ider	Applicant Identifier		
1. TYPE OF SUBMISSION: Application	Pre-application	3. DATE RECEIVED BY		State Applicat	State Application Identifier		
Construction	☐ Construction	4. DATE RECEIVED BY	FEDERAL AGENCY	Federal Identi	fier		
Non-Construction 5. APPLICANT INFORMATION	Non-Construction						
Legal Name:			Organizational Uni	:			
City of Lemoore			Department: Lemoore Police Dep	artment			
Organizational DUNS: 181668948	2 Mil 2004 - 2 Miles Miles San		Division:				
Address:					rson to be contacted on matters		
Street: 657 Fox Street			involving this appli	First Name:	a code)		
City: Lemoore			Chief Middle Name G.	Kimberly			
County:			Last Name Morrell				
Kings State:	Zip Code 93245		Suffix:				
California Country:	93245		Email:				
United States of America 6. EMPLOYER IDENTIFICATION	ON NUMBER (EIN):	**************************************	kmorrell@co.kings.d		Fax Number (give area code)		
94-6000355	<u>_</u>		(559) 924-9574	,	(559) 924-3116		
8. TYPE OF APPLICATION:			7. TYPE OF APPLIC	CANT: (See bac	k of form for Application Types)		
✓ Ne		n 🔲 Revision	C - Municipal				
If Revision, enter appropriate let (See back of form for description	of letters.)		Other (specify)				
Other (specify)				9. NAME OF FEDERAL AGENCY: United States Department of Agriculture			
10. CATALOG OF FEDERAL	DOMESTIC ASSISTANC	CE NUMBER:			CANT'S PROJECT:		
TITLE (Name of Program):		10-766	Purchase of three (3	3) Police vehicles	for Police Detectives.		
12. AREAS AFFECTED BY PR	OJECT (Cities, Counties	s, States, etc.):					
City of Lemoore 13. PROPOSED PROJECT			14. CONGRESSION	IAL DISTRICTS	OF:		
Start Date:	Ending Date:	······································	a. Applicant b. Project				
12/1/06 15. ESTIMATED FUNDING:	12/30/06		20th Congressional		20th Congressional District REVIEW BY STATE EXECUTIVE		
a. Federal \$		00			J/APPLICATION WAS MADE		
a. recesar		56,250			THE EXECUTIVE ORDER TEOLE		
b. Applicant \$	FOEIVED			SS FOR REVIEW			
c. State	CEIVLE		DATE:	11-9-0	4		
d. Local \$	IOV 2, 0 2006	18,750	b. No. 🏻 PROGR	AM IS NOT COV	/ERED BY E. O. 12372		
e. Other		.00	OR PRO		T BEEN SELECTED BY STATE		
f. Program Income STA\$	E CLEARING HOUS	-00			NT ON ANY FEDERAL DEBT?		
g. TOTAL \$	The state of the s	75,000 ·	Yes If "Yes" attac	ch an explanation	n. 🔽 No		
18. TO THE BEST OF MY KNO DOCUMENT HAS BEEN DULY ATTACHED ASSURANCES IF	AUTHORIZED BY THE	GOVERNING BODY OF					
a. Authorized Representative Prefix Chief	First Name Kimberly			e Name	A 177 TO THE TAXABLE AND A STATE OF TAXABLE AND A		
Last Name	Tallibelly		G. Suffix	·			
Morrell b. Title	. *			ephone Number	(give area code)		
Police Chief T. Signature of Authorized Representation	$-\mathcal{M}$	(559) 924-9574 e. Date Signed					
Previous Edition Usable	TINVON	ey		19104	Standard Form 424 (Rev.9-2003)		
Authorized for Local Reproduction	on .			•	Prescribed by OMB Circular A-102		

Prefix; Mr. *First Name; Clay Middle Name; * Last Name Phillips Suffix; Title: Rese ve Manacer Organization al Affiliation;	Application for Federal Ass	istance SF-424				Versi	on 02
Application Centinuation Revision Centinuation Revision NOV 2 0 2006	• 1. Type of Submission:	2. Type of Application:	- If =	levis :	on, select appropriate letter(s):	DEOPHA	7
Application Centinuation Revision Centinuation Revision NOV 2 0 2006	Preapplication	✓ New			Annual William		
Charges of y Sens por upon submission. 3. Date Received. 4. Applicant Identifier: State Use (Inly:	✓ Application	☐ Continuation	~ O h	ner (\$	pecify)		
Completed by Panis por upon submission. Sa. Federal Entity Identifier: State Use Cinty: 6. Date Received by State: 7. State Application Identifie: 8. APPLICANT INFORMATION: * o. Legal Name: PARKS AND RECREATION, CA DEPT OF * b. Employr/Texpayer Identification Number (EINTIN): * c. O. ganizational DUNS: 66-0303800 G. Address: * Street: Street: Street: Sor Caspian Way Street: City: Imperial Beson County: San Diego * State: Country: USA UNI ED STATES * Zip / Postal Code: * 19932 • Organizational Unit: Department Name: C. (vision Name: C. (vision Name: C. (vision Name: Clay Middle Names: Last Name Phillips Suffix: * Tielephone Number: \$19-575-5815 Fax Number: \$19-575-6913	Changec/Corrected Application	Revision					
So, Federal Entity Identifier: So, Federal Award Identifier:	* 3. Date Received:	4. Applicant Identifier:				STATE CLEARING HOUSE	
State Use (trily: 6. Date Received by State: 7. State Application Identifie:	Completed by Brants.gov upon submission.					State September 2 programmed and a Cape state of the September 1 and the September 1 a	
6. Date Recalved by State: 8. APPLICANT INFORMATION: * a. Legal Name: PARKS AND RECREATION, CA DEPT OF * b. Employs #/Texpayer Identification Number (EIN/TIN): 68-0303606 6. Address: * Street1: * Soft Caspian Way Street2: * City: * Country: * San Diego * CA: California Province: * Quantry: * USA UNI ED STATES * Organizational Unit: Department Name: 6. Name and contact Information of person to be contacted on matters Involving this application: Prefix: * Mr. * First Name: * Clay Middle Name: * Last Name Phillips Suffix: * Creiepnone Number: * Telepnone Number: *	Sa. Federal Entity Identifier:		1.	5b. F	ederal Award Identifier:		
6. Date Recalved by State: 8. APPLICANT INFORMATION: * a. Legal Name: PARKS AND RECREATION, CA DEPT OF * b. Employs #/Texpayer Identification Number (EIN/TIN): 68-0303606 6. Address: * Street1: * Soft Caspian Way Street2: * City: * Country: * San Diego * CA: California Province: * Quantry: * USA UNI ED STATES * Organizational Unit: Department Name: 6. Name and contact Information of person to be contacted on matters Involving this application: Prefix: * Mr. * First Name: * Clay Middle Name: * Last Name Phillips Suffix: * Creiepnone Number: * Telepnone Number: *		responsible for the responsible of the responsibility of the respo	<u>][[,</u>	12-15-14-1-1 ₁	PM 7-19-0		
6. Date Received by State: 7. State Application Identifier: 8. APPLICANT INFORMATION: * s. Legal Name: PARKS AND RECREATION, CA DEPT OF * b. Employ: //Taxpayer Identification Number (EIN/TIN): 68-0303806 4. Address: * Street1: 301 Caspian Way Street2: * City: Imperial Beach County: San Diego * County: USA UNITED STATES * Zip / Postal Code: 315322 • Organizational Unit: Department Name: Cityleich Name: 1. Name and contact Information of person to be contacted on matters livelying this application: Prefix: Mr. First Name: Clay Middle Name: * Lass Name Phillips Suffix: Title: Rese ve Manager Organization il Affiliation: * Telephone Number: 319-575-3615 Fax Number: 615-575-5913	State Use (Inly:						
* b. Legal N sme: PARKS AND RECREATION, CA DEPT OF * b. Employer/Taxpayer Identification Number (EIN/TIN): 68-0303606 68-03			on Ider	ntifle	The state of the s		
* b. Employs (/Taxpays)r Identification Number (EIN/TIN): 66-0303606	B. APPLICANT INFORMATION:				·		
66-0303866 7207 3807	* a. Legal Name: PARKS AND REC	REATION, CA DEPT OF					
d. Address: Street1: 301 Caspian Way Street2: City: Imperial Beach County: San Diego State: CA: California Province; Country: USA UNITED STATES Zip / Postal Code: 31932 e. Organizational Unit: Department Name: Civision Name: f. Name and confact Information of person to be contacted on matiers involving this application: Prefix: Mr. First Name: Clay Minddle Name: Last Name Phillips Suffix: Title: Rese ve Manager Organizational Affiliation: Telephone Yumber: 619-575-6913	b. Employer/Taxpayer Identification	Number (EIN/TIN):	T .	c. Oi	ganizational DUNS:		
* Street1: 301 Caspian Way Street2: * City: Imperial Beach County: San Diego * State: CA: California Province: * Country: USA UNI* ED STATES * 2ip / Postal Code: 31932 a. Organizational Unit: Department Name: Cityleich Name: f. Name and contact Information of person to be contacted on matters Involving this application: Prefix: Mr. * First Name: Clay Middle Name: * Last Name Phillips Suffix: Title: Rese ve Manager Organization al Affiliation: * Yelephone Number: \$19-575-3615	68-0303606	TO		7207	0807		
Street2: 'City: Imperial Beach	d. Address:						
* City: Imperial Beach County: San Diego * State: CA: California Province:	* Street1: 301 Caspian W	ay					
County: San Diego State: CAI California Province: Country: USA UNITED STATES Zip / Postal Code: 31932 e. Organizational Unit: Department Name: Civision Name: f. Name and contact Information of person to be contacted on matters livelying this application: Prefix: Mr. First Name: Clay Middle Name: Last Name Phillips Suffix: Title: Rese ve Manager Organizational Affiliation: Telephone Number: 819-575-3615 Fax Number: 619-575-6913	Street2:					((,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
State: CA: California Province: Country: USA UNI ED STATES Zip / Postal Code: 21932 e. Organizational Unit: Department Name: Livision Name: f. Name and contact Information of person to be contacted on matters livolving this application: Prefix: Mr. First Name: Last Name Phillips Suffix: Title: Rese ve Menager Organization al Affiliation: "Telephone Number: 619-575-3615 Fax Number: 619-575-6913	* City: Imperial Beach			===			
Province: * Country: * Country: * Zip / Postal Code: 31932 • Organizational Unit: Department Name: f. Name and contact Information of person to be contacted on matters Involving this application: Prefix: * Mr. * First Name: * Clay Middle Name: * Last Name Phillips Suffix: Title: Rese ve Manager Organizational Affiliation: * Telephone Number: 619-575-3615 Fax Number: 619-575-6913	County: San Diego		; -				
* Country: * Zip / Postal Code: 31932 e. Organizational Unit: Department Name: f. Name and contact Information of person to be contacted on matters livolving this application: Prefix: Mr. * First Name: Clay Middle Name: * Last Name Phillips Suffix: Title: Rese ve Manager Organization al Affiliation: * Telephone Number: 619-575-3615 Fax Number: 619-575-6913	* State:		meann, a		CA: California		
* Zip / Postal Code: 31932 e. Organizational Unit: Department Name: Civision Name: f. Name and contact Information of person to be contacted on matters Involving this application: Prefix: Mr. First Name: Clay Middle Name: - Last Name: Phillips Suffix: Title: Rese ve Manager Organization al Affillation: * Telephone Number: 619-575-3615 Fax Number: 619-575-6913	Province;						
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Department Name: f. Name and contact Information of person to be contacted on matiers livolving this application: Prefix: Mr. First Name: Clay Middle Name:	* Zip / Postal Code: 31932					,	
f. Name and contact Information of person to be contacted on matters livolving this application: Prefix: Mr. *First Name: Clay Middle Name: * Last Name Phillips Suffix: Title: Rese ve Manager Organizational Affiliation: * Telephone Number: 619-575-3615 Fax Number: 619-575-6913	e. Organizational Unit:	· · · · · · · · · · · · · · · · · · ·		•			
Prefix: Mr. *First Name: Clay Middle Name:	Department Name:		Cir	visia	n Name:		
Prefix: Mr. *First Name: Clay Middle Name:	To all the Millians				** V * V * A ***		
Middle Name: Last Name: Phillips Suffix; Title: Rese ve Manager Organization at Affiliation: * Telephone Number: 619-575-3615 Fax Number: 619-575-6913	f. Name and contact Information of person to be contacted on matters luvolving this application:						
Last Name Phillips Suffix: Title: Rese ve Manager Organization at Affiliation: Telephone Number: 619-575-3615 Fax Number: 619-575-6913	Prefix: Mr.	* First Nan	ne; (Clay	75.74		
Suffix; Title: Rese ve Manager Organizational Affillation: * Telephone Number: 619-575-3615 Fax Number: 619-575-6913	Middle Name:]				
Title: Rese ve Manager Organization al Affillation: * Telephone Number: 619-575-3615 Fax Number: 619-575-6913	Last Name Philips	ya y	~~ ·~·····	·	-	a party speed to a state of the	
Organizational Affiliation: * Telephone Number: 619-575-3615 Fax Number: 619-575-6913	Suffix;	Δ.					
* Telephone Number: 619-575-3615 Fax Number: 619-575-6913	Title: Rese ve Manager	1			h Luis .		
	Organization al Affillation:						
Email: cphillip@perks.ca.gov	* Telephone Number: 619-575-3615		-		Fax Number: 619-575-6913	}	
	Email: cphillip@parks.ca.gov						

P. 03

Application for Federal Assistance SF-424	Version 02
9. Type of Applicant 1: Select Applicant Type:	· · · · · · · · · · · · · · · · · · ·
A: State G overnment	
Type of Applicant 2; Select Applicant Type:	······································
Type of Applicant 3: Select Applicant Type:	
* Other (specify):	
* 10. Name of Federal Agency:	
National Oceanic and Atmospheric Administration	
11. Catalog of Federal Domestic Assistance Number:	
11.420	
CFDA Title	
Coastal Zone Management Estuarine Research Reserves	
* 12. Funding Opportunity Number:	
NOS-OCRNI-2007-2000769	
* Title:	
National Estuarine Research Reserve Land Acquisition and Construction Program FY07	
13. Competition Identification Number:	
2050004	
Title:	
	,
14. Areas Affocted by Project (Cities, Counties, States, etc.):	
Imperial Beach, San Diego County, California	
·	
15. Descriptive Title of Applicant's Project:	
TRNERR Storage and Nursery Compound	
	ł
Attach supporting documents as specified in agency instructions.	
र्म्युन देशाया निर्देश हैं विश्वास के किया है जिल्ला के किया है जिल्ला के किया है जिल्ला है जिल्	

Application for Federal Assist	tance SF-424					Version 02
16. Congressional Districts Of:						
* a. Applicant 53			* b. Pro	gram/Project	53	<u>.</u>
Attach an additional I st of Program/Proj	ect Congressional Districts if ne	aded.				
	Add Attachment Delc	Arti d	samest View Att	mahment		
17. Proposed Project:						
* a. Start Date: 06/01/2007				b. End Date:	05/31/2008 .	
18. Estimated Funding (\$):						
* s. Federal	227,030.00	· —			· · · · · · · · · · · · · · · · · · ·	
- b. Applicant	0.00					
* c. State	97,036.00					
" d. Local	0.00					
• e. Other	0.00					
*f. Program Income	0.00					
"g. TOTAL	324,066,00		,			
* 20. Is the Applicant Delinquent On A Yes No 21. *By signing this application, I cert herein are true, complete and accura	explonation	Ined in	the list of certi	fications** ar	nd (2) that the stateme	
comply with any resulting terms if (a may subject me to criminal, civil, or a	accept an award. I am aware	hat an	y false, fictitiou	is, or fraudul	lent statements or cl	aims
✓ **IAGREE		,				•
The list of certifications and assurance specific instructions.	es, or an internet site where yo	mayo	btain this list, is o	contained in th	he announcement or a	gency
Authorized Representative:						N H
Prefix: Mr.	* First Name:	Clay	W. L		All	
Middle Namo:					-n. v	
* Last Name: Phillips	"", U.S.	:=				
Suffix:					-\w\v\\	
* Title: Reserve Manager	Abu					
Telephone Number: 619-575-3615			Fax Number:	619-575-6913		
* Email: cɔhllip@parks.ca.gov		====			3	
* Signature of Authorized Representative:	Completed by Grants.gov upon sub	nissio.	* Date Signe	ed: Completed	by Grants.gov upon submis	ncie

Application for Federal Assistance SF-424 Version 02						
1. Type of Submission:	* 2. Type of Application:	"If Revision, select appropriate letter(s):				
Preapplication	☑ New					
✓ Application	Continuation	Other (Specify)				
Changed/Corrected Application	Revision					
* 3. Date Received;	4. Applicant Identifier:					
Completed by Grants.gov upon submission.	-0.1					
Sa. Federal Entity Identifier:		5b. Federal Award Identifier:				
	n = 11 ¹⁰ f	TECENER				
State Use Only:		RECEIVED NOV 1 2006				
5, Date Received by State:	7. State Application	n Identifier: STATE (1)				
8. APPLICANT INFORMATION:		STATE CLEARING HOUSE				
a, Legal Name: San Jose State Univ	versity Foundation					
• b. Employer/Taxpayer Identification N	lumber (EIN/TIN):	c. Organizational DUNS:				
94-6017638		056820715				
d. Address:						
* Street1: 210 North Fourth	Street, 4th Floor					
Street2;	- 4.4					
• City: San Jose	(A) (A)					
Сошпту:	Alle is	,,				
* State:	tite 7 ° ° °	CA: California				
Province:	11/24 Per 1					
* Country:	nda =	USA: UNITED STATES				
* Zip / Postal Code: 95112-5569	4744					
e, Organizational Unit:						
Department Name:		Division Name:				
Moss Landing Marine Labs	1 - 4 - 7					
f. Name and contact information of	f. Name and contact information of person to be contacted on matters involving this application:					
Prefix: Dr.	First Nam	me: Kenneth				
Middle Name: H.	note the second					
* Last Name: Coale	, d a c 11 rd 1	the state of the s				
Suffix: Ph.D						
Title: Director, Moss Landing Marine	Laboratories	talia assa, si				
Organizational Affiliation:						
Moss Landing Marine Laboratories						
Telephone Number: (831) 771-4406)	Fax Number: (631) 633-4403				
* Email: coale@mlml.calstate.edu						

Application for Federal Assistance SF-424	Version 02
7. Type of Applicant 1: Select Applicant Type:	
M: Nonprofit with 501C3 IRS Status (Other than Institution of Higher Education)	
Type of Applicant 2: Select Applicant Type:	
уре от другован и и и и и и и и и и и и и и и и и и и	
Type of Applicant 3: Select Applicant Type:	
Type of Applicant C. Colock Applicant C.	
A Colhest (Association):	
* Other (specify):	
* 10. Name of Federal Agency:	
National Oceanic and Atmospheric Administration	
11. Catalog of Federal Domestic Assistance Number:	
11,473	
CFDA Title:	
Coastal Services Center	
* 12. Funding Opportunity Number:	
NOS-CSC-2007-2000B65	
Title:	
Coastal Observation Technology System FY2007	
13. Competition Identification Number:	
Title:	
14. Areas Affected by Project (Cities, Countles, States, etc.):	
California	*
Camorna	
* 15. Descriptive Title of Applicant's Project:	
The California State University Center for Integrative Coastal Ocean Research	
Attach supporting documents as specified in agency instructions.	
AGG ANTENNAME (Delete Attendants) Mawattadhments	

Application fo	or Federal Assistanc	e SF-424		Version 02
16, Cangressions	al Districts Of:			
a, Applicant	16		* b. Program/Project 16	
Attach an addition	al list of Program/Project (Congressional Districts if need	ed.	
	5	rada ettechniente:	the Januari (Mean Adap Station)	
17. Proposed Pro	oject:			
_	08/01/2007		b. End Date: 07/31/2008	
18. Estimated Fu	ınding (\$):			
* a. Federal		2,375,000.00		
* b. Applicant	, , , ,	0,00		
¹ c. State		0.00		
d. Local	1	0.00	·	
e. Other	7	0.00		
* f. Program Inco	AMILE AND	0.00		
• g. TOTAL		2,375,000.00		
herein are true, comply with an may subject me	this application, I certify, complete and accurate y resulting terms if I accept to criminal, civil, or administrations.	to the best of my knowledg lept an award. I am aware th ninistrative penalties. (U.S. (ned in the list of certifications** and (2) that the statem a. I also provide the required assurances** and agree that any false, fictitious, or fraudulent statements or clode, Title 218, Section 1001)	alms
specific instruct	ons.	or an internet site where you	may obtain this list, is contained in the announcement or a	
Authorized Rep	presentative:			
Prefix:	Dr.	* First Name:	Pamela	
Middle Name:	C			
* Last Name:	Stacks	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
Suffix:	Ph.D			
"Title: AVP G	Graduate Studies and Rese	arch	1100	
* Telephone Nur	mber: 408-924-2427		Fax Number: 408-924-1496	
• Email: osp@	இfoundation.sjsu.edu	4 t 17" -	and the first section of the f	
* Signature of A	uthorized Representative:	Completed by Grants.gov upon sub	mission. Date Signed: Completed by Grants.gov upon subm	ilasion.

APPLICATION FOR FEDERAL ASSISTANCE					
SF 424 (R&R)	2. DATE SUBMITT			Applicant Identifier	
31 424 (han)	3. DATE RECEIVE	D BY STATE	State Application Identifier		
1. * TYPE OF SUBMISSION					
O Pre-application O Changed/Corrected Application	4. Federal Identifie	er .			
5. APPLICANT INFORMATION * Legal Name: The Regents of the University of Califord Department: Chemistry & Biochemistry	Division: Physical &		*(Organizational DUNS:1250847230000	
* Street1: 1156 High Street * City: Santa Cruz * Country: USA	Street2: County: Santa Cruz		* State: CA	* ZIP Code: 95064	
Person to be contacted on matters involving this appli Prefix: * First Name: Mr. Kaz * Phone Number: 831-459-1402	ication Middle Na Fax Number: 831-45		* Last Name: Wegmuller Email: weg@uc	Suffix:	
6. * EMPLOYER IDENTIFICATION NUMBER (EIN) of 941539563	or (TIN):	7. * TYPE OF APPL	ICANT ed Institution of Higher Educ	calion	
8. TYPE OF APPLICATION: New		Other (Specify);	a manuful of righer Educ	AUUI	
O Resubmission O Renewal O Continuation	O Revision	O Women Owned	Small Business Orga	nization Type ially and Economically Disadvantaged	
If Revision, mark appropriate box(es).		9. * NAME OF FED	ERAL AGENCY:		
O A. Increase Award O B. Decrease Award O (O D. Decrease Duration O E. Other (specify):	C. Increase Duration	Chicago Service	Center EDERAL DOMESTIC ASS	SISTANCE NUMBER:	
* Is this application being submitted to other agencies' What other Agencies?	? ○ Yes ● No	81,049	ence Financial Assistance F		
11. DESCRIPTIVE TITLE OF APPLICANT'S PROJI Efficient Photon-Current Conversion by Plasmon-Indu	ECT:	nn .			
12. * AREAS AFFECTED BY PROJECT (cities, count Santa Cruz, California) I			
13. PROPOSED PROJECT:		14. CONGRESSION	AL DISTRICTS OF:		
* Start Date * Ending Date		a. * Applicant		Project	
05/01/2007 04/30/2010		17th	17th		
Department: Chemistry & Biochemistry	Middle Nar	me: : The Regents of the U	* Last Name: Chen Iniversity of California, Sant	Suffix:	
	County: Santa Cruz		■ State: CA	* ZIP Code; 95064	
	Fax Number: 831-459	9-2935	* Email; schen@	chemistry.ucsc.edu	
To: State C Governor Fax: 916.		18			
FRan : Kaz Wegmu	ller	'	4 pg. tit	The Committee of the Co	

Tracking Number: GRANT00164219

Funding Opportunity Number: DE-FG02-06ER05-15Received Date: 2006-11-13 16:35:43.000-05:00 Time

Senior Research Administrator Office of Sponsored Projects

UC Santa Cruz

ph. 851-459-1407

Ex 851-459-3139

RE: 6.0.12372

OMB Number: 4040-0001 Expiration Date: 04/30/2008

STATE CLEARING HOUSE

MCD Biology

100110.0000				_		
APPLICATION FOR FEDERAL ASSISTANCE	2. DATE SUBMITTED			Applicant identifier		
SF 424 (R&R)	3. DATE RECEIVED	3. DATE RECEIVED BY STATE		State Application Iden	ntifler	
1. * TYPE OF SUBMISSION						
O Pre-application Application O Changed/Corrected Application	4. Federal Identifie	r		TTTT		
5. APPLICANT INFORMATION				* Organiza	tional DUNS:1250847230000	
Legal Name: Regents of the University of California,	, Santa Cruz Campus			_		
Department: Chemistry and Biochemistry	Division: Physical & E	Biological Science				
* Street1: 1156 High Street	Street2:					
* City: Santa Cruz	County:		•	State: CA	* ZIP Code: 95064	
* Country: USA						
Person to be contacted on matters involving this appli	cation					
Prefix: * First Name;	Middle Na	me:	* Last Name	9:	Suffix:	
Mr. Kaz			Wegmuller			
* Phone Number: 831-459-1402	Fax Number: 831-459	9-3139	E	Email: weg@ucsc.edu		
6. * EMPLOYER IDENTIFICATION NUMBER (EIN) o 941539563	r (TIN):	7. * TYPE OF APPL F: State-Controlle		of Higher Education		
8. TYPE OF APPLICATION: New		Other (Specify):				
O Resubmission O Renewal O Continuation	O Revision	O Women Owned	Small B	usiness Organization Cocially and E	Type Economically Disadvantaged	
If Revision, mark appropriate box(es).		9. * NAME OF FEDI Chicago Service		CY:	<u> </u>	
O A. Increase Award O B. Decrease Award O C D. Decrease Duration O E. Other (specify):	3. Increase Duration			OMESTIC ASSISTANCE	E NUMBER:	
" Is this application being submitted to other agencies? What other Agencies?	? ○ Yes ● No		ence Financia	al Assistance Program		
11. * DESCRIPTIVE TITLE OF APPLICANT'S PROJE Photocatalytic conversion of CO2 to CH4	ECT:					
12. AREAS AFFECTED BY PROJECT (cities, count Global	ties, states, etc.)		· · · · · · · · · · · · · · · · · · ·			
13. PROPOSED PROJECT:		14. CONGRESSION	AL DISTRIC	TS OF:		
* Start Date * Ending Date		a. * Applicant	ME 51011110	b. * Project		
07/01/2007 06/30/2010		17th		All		
15. PROJECT DIRECTOR/PRINCIPAL INVESTIGATO	OR CONTACT INFOR	RMATION		****		
Prefix: * First Name:	Middle Nan		* Last Name	:	Suffix:	
Dr. Jin			Zhang			
Position/Title: Professor	* Organization Name:	Regents of the Unive	rsity of Califo	ornia, Santa Cruz Campu	ıs	
Department: Chemistry and Biochemistry	Division: Physical & Bi	iological Science				
-	Street2:					
* City: Santa Cruz	County:		₩;	State: CA	* ZIP Code: 95064	
Country: USA						
* Phone Number: 831-459-3776	Fax Number: 831-459-	-2935	*	Email: zhang@chemistn	y.ucsc.edu	

* Email: zhang@chemistry.ucsc.edu

SF 424 (R&R) APPLICATION FOR FEDERAL ASSISTANCE

Page 2

16. ESTIMATED PROJECT FUNDING	17.10.40		raye
a. * Total Estimated Project Funding \$990 b. * Total Federal & Non-Federal Funds \$990 c. * Estimated Program Income \$0.00 18. By signing this application, I certify (1) to and accurate to the best of my knowledge award. I am aware that any false, fictition Code, Title 18, Section 1001) • *I agree	a. YES DATE: b. NO o the statements contained in ge. I also provide the required us, or fraudulent statements o	THIS PREAPPLICATION/APPLICATION W STATE EXECUTIVE ORDER 12372 PROCI 11/14/2006 PROGRAM IS NOT COVERED BY E.O. 123 PROGRAM HAS NOT BEEN SELECTED B the list of certifications* and (2) that the stat assurances * and agree to comply with any or claims may subject me to criminal, civil, or	AS MADE AVAILABLE TO THE ESS FOR REVIEW ON: 372; OR Y STATE FOR REVIEW ements herein are true, complete
*The list of certifications and assurances, or an internet s 19. Authorized Representative Prefix: *First Name: Mr. Kaz	Middle Name:	* Last Name:	Suffix:
 Position/Title: Senior Research Administrator Department: Chemistry and Biochemistry Street1: 1156 High Street 	 Organization Name: Re Division: Physical & Biolo Street2; 	Wegmuller gents of the University of California, Santa Cruz gical Science	Campus
* City: Santa Cruz * Country: USA	County:	* State: CA	* ZIP Code: 95064
Phone Number: 831-459-1402	Fax Number: 831-459-31	39 * Ernail: weg@ucso	c. edu
* Signature of Authorized R	epresentative	* Date Signe	e d
Kaz Wegmuller	· 	11/14/2006	
0. Pre-application File Name: 8201-Jin_Zhan	ng - preprop060506 pdf Mime	Type: application half	

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SF 424 (R&R) APPLICATION FOR FEDERAL ASSISTANCE

Page 2

16. ESTIMATED PROJECT FUNDING	17 + 10 APRILLED		Page
a. *Total Estimated Project Funding \$399,1 b. *Total Federal & Non-Federal Funds \$399,1 c. *Estimated Program Income \$0.00 18. By signing this application, I certify (1) to and accurate to the best of my knowledge award. I am aware that any false, flctitious Code, Title 18, Section 1001) *I agree *The list of certifications and assurances, or an internet site 19. Authorized Representative	a. YES THIS F STATE DATE: 11/14/2006 b. NO PROGI PROGI This F STATE DATE: 11/14/2006 b. NO PROGI PROGI I also provide the required assurance or fraudulent statements or claims m	RAM IS NOT COVERED BY E.O. 12: RAM HAS NOT BEEN SELECTED B certifications* and (2) that the states as * and agree to comply with any r ay subject me to criminal, civil, or	AS MADE AVAILABLE TO THE ESS FOR REVIEW ON: 372; OR Y STATE FOR REVIEW
Prefix: * First Name: Mr. Kaz * Position/Title: Senior Research Administrator Department: Office of Sponsored Projects * Street1: 1156 High Street	Middle Name: * Organization Name: The Regents of Division: Street2:	* Last Name:	Suffix: Cruz Campus
City: Santa Cruz Country: USA	County: Santa Cruz	* State: CA	* ZIP Code: 95064
Phone Number: 831-459-1402	Fax Number: 831-459-3139	* Email: weg@ucsc	.edu
Signature of Authorized Rep	resentativo		
Kaz Wegmuller	. 000/110/146	* Date Signed	d

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APPLICATION FOR FEDERAL ASSISTANCE SF 424 (R&R)	2. DATE SUBMITTED 11/08/2006 3. DATE RECEIVED BY STATE		Apı	Applicant Identifier	
1.* TYPE OF SUBMISSION				State Application Identifier MA	
	4.5.1.111.46				
O Pre-application ● Application O Changed/Corrected Application	4. Federal Identifie	r			
5. APPLICANT INFORMATION				* 0	rganizational DUNS:001425594
* Legal Name: Massachusetts Institute of Technolog	V				
Department:	Division:				
* Street1: 77 Massachusetts Ave.	Street2: E19-750				
* City: Cambridge	County:		* Sta	te: MA	* ZIP Code: 02139
* Country: USA	·				
Person to be contacted on matters involving this app	lication				
Prefix: * First Name:	Middle Na	ame:	* Last Name:		Suffix:
Angela	J		Olsen		
* Phone Number: 6173240302	Fax Number:		Ema	I: ajolsen@mit.e	edu
6. * EMPLOYER IDENTIFICATION NUMBER (EIN) 042103594	or (TIN):	7.* TYPE OF APPL L: Private Instituti		ıcation	
8. * TYPE OF APPLICATION: • New		Other (Specify):			
O Resubmission O Renewal O Continuation	n O Revision	O Women Owned	Small Busi	ness Organizati O Socially a	ion Type and Economically Disadvantaged
If Revision, mark appropriate box(es).		9. * NAME OF FEDI			·
O A. Increase Award O B. Decrease Award O	C. Increase Duration	DOE - Institutions			
O D. Decrease Duration O E. Other (specify):		10. CATALOG OF F 81049	FEDERAL DOM	ESTIC ASSISTA	NCE NUMBER:
* Is this application being submitted to other agencie What other Agencies?	s? O Yes ● No	TITLE: Basic Resea	rch for Solar Ene	ergy Utilization ir	n Solar Thermal Energy Utiliza-
11. * DESCRIPTIVE TITLE OF APPLICANT'S PRO	JECT:				
Inorganic-Organic Biotemplated Nano-Assemblies fo	or Photovoltaic Devices				
12. * AREAS AFFECTED BY PROJECT (cities, cou	inties, states, etc.)				
13. PROPOSED PROJECT:		14. CONGRESSION	IAL DISTRICTS		
* Start Date * Ending Date		a. * Applicant		b. * Proje	ct
10/01/2007 09/30/2010		8		8	
15. PROJECT DIRECTOR/PRINCIPAL INVESTIGA					C. #
Prefix: * First Name:	Middle Na	ame:	* Last Name:		Suffix:
Paula	T		Hammond		
Position/Title: Coord of Facilities & Equip & Prof Chemical	ŭ	e: Massachusetts Instit	cute of Technolog	ł y	
Department: Chemical Engineering	Division: School of E	ingineering			
* Street1: 77 Massachusetts Ave.	Street2:				
* City: Cambridge	County:		* Sta	te: MA	* ZIP Code: 02139



* Email: hammond@mit.edu

* Country: USA

* Phone Number: 6172587577

Fax Number:

SF 424 (R&R) APPLICATION FOR FEDERAL ASSISTANCE

Page 2

16. ESTIMATED PROJECT FUNDING		17 * IS APP CESS?		BJECT TO REVIEW BY STATE EX	
a. * Total Estimated Project Funding	\$3,015,000.00	a. YES	O THIS PRE	APPLICATION/APPLICATION WAS ECUTIVE ORDER 12372 PROCES	S MADE AVAILABLE TO THE SS FOR REVIEW ON:
b. * Total Federal & Non-Federal Funds	\$3,015,000.00	DATE:			
c. * Estimated Program Income	\$0.00	b. NO	PROGRAM	и IS NOT COVERED BY E.O. 1237	72; OR
		1	_	M HAS NOT BEEN SELECTED BY	
18. By signing this application, I certificand accurate to the best of my know award. I am aware that any false, foode, Title 18, Section 1001)	owledge. I also provid lictitious, or frauduler	le the required nt statements o	assurances * r claims may	and agree to comply with any re subject me to criminal, civil, or a	Sulfing terms in Laccept an
19. Authorized Representative					
Prefix: * First Name:		Middle Name	:	* Last Name:	Suffix:
Patrick		W.		Fitzgerald	
* Position/Title: Director	* Organiz	zation Name: M	assachusetts I	nstitute of Technology	
Department:	Division:				
* Street1: 77 Massachusetts Ave.	Street2:				
* City: Cambridge	County:			* State: MA	* ZIP Code: 02139
* Country: USA					
* Phone Number: (617)253-2492	Fax Num	nber: (617)253-4	734	* Email: pwf@mit.ed	du
* Signature of Authorized Representative			* Date Signed		
				11/08/2006	
·			essent.		
20. Pre-application File Name: Mime	Type:				

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DOE F 4650.2 (10-99)(All Other Editions Are Obsolete) Department of Energy Office of Science (SC)

Face Page

OMB Control No. 1910-1400 (OMB Burden Disclosure Statement on Backl

Date

TITLE OF PROPOSED RESEARCH: Inorganic-Organic Biotemplated Nano-Assemblies for Photovoltaic Devices CATALOG OF FEDERAL DOMESTIC ASSISTANCE #: **ORGANIZATION TYPE:** 81,049 State Govt. Local Govt. Non-Profit Hospital 2. CONGRESSIONAL DISTRICT: Indian Tribal Govt. Individual Applicant Organization's District: Inst. of Higher Educ. Other Project Site's District: For-Profit 23rd Small Business Disadvan. Business I.R.S. ENTITY IDENTIFICATION OR SSN: Women-Owned 8(a) 95-6006145W CURRENT DOE AWARD # (IF APPLICABLE): AREA OF RESEARCH OR ANNOUNCEMENT TITLE/#: Basic Research for Solar Energy Ultilization/#DE-FG02-06ER06-15 10. WILL THIS RESEARCH INVOLVE: 10A Human Subjects If yes, HAS THIS RESEARCH PROPOSAL BEEN SUBMITTED Exemption No. TO ANY OTHER FEDERAL AGENCY? IRB Approval Date Assurance of Compliance No: 108 Vertebrate Animals No X If yes, PLEASE LIST: IACUC Approval Date Animal Welfare Assurance No: DOE/OER PROGRAM STAFF CONTACT (if known): 11. AMOUNT REQUESTED FROM DOE FOR ENTIRE Eric A. Rohlfing PROJECT PERIOD \$ 900,000 TYPE OF APPLICATION: 12. DURATION OF ENTIRE PROJECT PERIOD: New 10/1/07. Renewal 9/30/10 Revision Mo/day/yr. Mo/day/yr. Supplement 13. REQUESTED AWARD START DATE PRINCIPAL INVESTIGATOR/PROGRAM DIRECTOR 10/1/07 (Mo/day/yr.) NAME, TITLE, ADDRESS, AND PHONE NUMBER 14. IS APPLICANT DELINQUENT ON ANY FEDERAL DEBT? Dr. Evelyn Hu Yes (attach an explanation) No X Professor, Electrical & Computer Engineering Director, California NanoSystems Institute 16. ORGANIZATION'S NAME, ADDRESS AND CERTIFYING **3448A CNSI** REPRESENTATIVE'S NAME, TITLE, AND PHONE NUMBER University of California Santa Barbara, CA 93106-6105 The Regents of the University of California (805) 893-2368 Office of Research, 3227 Cheadle Hall University of California Santa Barbara, CA 93106-2050 Kevin S. Stewart, Sponsored Projects Officer (805) 893-4034 SIGNATURE OF PRINCIPAL INVESTIGATOR. SNATURE OF COO PROGRAM DIRECTOR 0(

REPRESENTATIVE

CERTIFICATION & ACCEPTANCE: I certify that the statements herein are true and complete to the bast of my knowledge, and accept the obligation to comply with DOE terms and conditions if an award is made as the result of this submission. A willfully false certification is a criminal offense, (U.S. Code, Title 18, Section 1001).

PVPD ASSURANCE: I agree to accept responsibility for the scientific conduct of the project and to provide the required progress reports if an award is made as a result of this submission. Wilfful provision of false information is a criminal offense. (U.S. Code, Title 18, Section 1001),

NOTICE FOR HANDLING PROPOSALS

This submission is to be used only for DOE evaluation purposes and this notice shall be affixed to any reproduction or abstract thereof. All Government and non-Government personnel handling this submission shall exercise extreme care to ensure that the information contained herein is not duplicated, used, or disclosed in whole or in part for any purpose other than evaluation without written permission except that if an award is made based on this submission, the terms of the award shall control disclosure and use. This notice does not limit the Government's right to use information contained in the submission if it is obtainable from mother source without restriction. This is a Government notice, and shall not itself be construed to impose any liability upon the Government or Government personnel for any disclosure or use of data contained in this submission.
PRIVACY ACT STATEMENT

Date

FROVACT ACT STATEMENT If a place in accordance with 5 U.S.C., Sec. 562A, to voluntarily provide your Social Security Number (SSN). However, you will not be denied any right, benefit, or privilege provided by law because of a refusal to disclose your SSN. We request your SSN to aid in accurate Identification, referral and review of applications for research/training support for efficient management of Office of Science